



NEWS

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Growing Up With Smokeless Tobacco
Renewal Notice #1

TEXAS STATE DOCUMENTS
COLLECTION

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GROWING UP WITH SMOKELESS TOBACCO

The Comprehensive Smokeless Tobacco and Health Education Act of 1985 requires mandatory warnings to be included on tobacco containers and in print advertisements and bans electronic media advertisements of smokeless tobacco products. This reflects the growing concern over dramatic increases in the use of smokeless tobacco, particularly among young males.

Between 1944 and 1968, total smokeless tobacco production declined 38.4%. However, between 1970 and 1985, the production of chewing tobacco increased 36%, and from 1970 to 1981, the production of fine-cut tobacco, used in the manufacture of some moist snuff, increased threefold.¹ Recent national data indicate that over 12 million persons used some form of smokeless tobacco in 1985 and that approximately 6 million used smokeless tobacco weekly or more often.¹

Nationally, the average age of initial use of smokeless tobacco, as reported by youths, is 10.4 years (fifth grade). The average age when regular use begins is reportedly 12.0 years (seventh grade).² Seven surveys of smokeless tobacco use in students are detailed in Table 1. A 1983 survey of 5,392 students in Texas schools indicated that 55% of smokeless tobacco users started before age 13 years (Table 1).³

Youths surveyed nationally say they started dipping and chewing for three main reasons: 1) peer pressure or social acceptance by friends who use tobacco, 2) curiosity or desire to experience the taste and effects, and 3) use by family members and relatives. The majority of users (62%) and non-users (79%) agreed that smokeless-tobacco advertising does encourage young people to try dipping and chewing.²

Another factor contributing to the use of smokeless tobacco is the erroneous belief that it is a safe alternative to smoking. In a recent national survey, six of ten junior high users and four of ten senior high users said there is either no risk or only a slight risk to their health from regular use of smokeless tobacco. Eighty-one percent of users thought of smokeless tobacco use as much safer than cigarettes.²

As smokeless tobacco use gains increasing popularity among both youths and adults, serious questions are being raised about its adverse health effects. Epidemiologic studies indicate that the use of oral snuff increases the risk of oral cancer several fold; among long-term snuff dippers, the excess risk of cancers of the cheek and gum may reach nearly fifty-fold.¹ This conclusion is consistent with the judgment of a recent working group of the International Agency for Research on Cancer, which assessed the carcinogenic risk associated with tobacco habits other than smoking.

In addition, a number of clinical observations and studies show an association between smokeless tobacco and some noncancerous and precancerous oral conditions. The development of a portion of oral leukoplakias in both teenage and adult users can be attributed to the use of smokeless tobacco. Studies now suggest that some snuff-induced leukoplakias can undergo transformation to dysplasia and, subsequently, carcinoma.¹

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The nicotine-related health consequences of smoking are also present in smokeless tobacco users. Given the nicotine content of smokeless tobacco, the user's ability to sustain elevated blood levels of nicotine, and the well-established data implicating nicotine as an addictive substance, it is reasonable to expect that smokeless tobacco is capable of producing nicotine addiction in users. Of the carcinogenic nitrosamines identified in smokeless tobacco, the two present in the highest concentrations, NNN and NNK are related chemically to nicotine, and both readily produce cancer in rats and hamsters in organs such as the nose, trachea, esophagus, and liver.⁴

The use of smokeless tobacco is not a passing fad. Sales have increased steadily since 1974. Many smokeless tobacco users are young people who may experience deleterious health effects from long-term use. For these reasons improved health education on smokeless tobacco is needed. Health care professionals and educators must act now to avert a potential epidemic of oral cancer and other serious health problems.

This report was prepared by Ron Todd, MSED, Coordinator: Office of Smoking and Health, TDH.

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2. Youth use of smokeless tobacco: more than a pinch of trouble. Office of the Inspector General, Department of Health and Human Services, Control Number P-06-86-0058, January 1986.
3. Henderson AH, Glover ED, Dees M. Use and knowledge of smokeless tobacco: a 1983 survey of students in Texas schools. American Cancer Society, Texas Division: Austin, 1984.
4. NIH. Consensus conference: health applications of smokeless tobacco use. JAMA 1986;255:1045-8.

Table 1.
Reported surveys of adolescent users of smokeless tobacco
in the United States, 1983-1985

INVESTIGATORS/LOCATION	SAMPLE	AGES/GRADES	USAGE
1. Schaefer, Henderson, Glover, Christen Texas (1985)	N=5392 M=2534 (47%) F=2858	11-18 years	19% Male 0% Female 55% T started at 12 years or less 88% T started at 15 years or less
2. Offenbacher & Weathers Georgia (1983)	N=565 M=100%	11-17 years	20% Male 13.3% regular usage 31% trial 50% 2 years+ usage 20% 4 years+ usage 50%+ started at age 12
3. McCarty & Krakow Massachusetts (1984)	N=5013 M=2406 (48%) F=2607 67 schools 1 class per grade	14-18 years, grades 9-12	15% T 28.2% Male 2.8% Female
4. Glover, Edwards, Tedford Oklahoma (1984)	N=2098 M=1112 (53%) F=986	grades 3,5, 7,9,11	15% T Grades 3,5,7 - 12% Grades 9,11 - 20% 78% started at 12 years or younger
5. Edwards Utah (1984)	N=3232 M=1681 (52%) F=1551	10-18 years	Ever used: Cont. use: 39.4% Male 14.4% Male 8.5% Female 2.6% Female
6. Greer and Poulson Colorado (1983)	N=1119	14-18 years	11% T
7. Jones Wisconsin (1985)	NA	12-18 years, grades 7-12	Daily use: Weekly use: 8% Male 15% Male 0% Female 1% Female Ever used: 45% Male 11% Female

F= Female population; M= Male population; N= Number; NA= Not available; T= Percent of total sample population

FIRST NOTICE

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